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FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index - - No. 189	
County.....	ORIGINAL CERTIFICATE OF DEATH	County Registered No. 7604	Local Registrar's No. 8412
District.....	No. <u>Sister Hospital</u> St.	(If death occurred in Hospital or Institution, give its NAME instead of street and number.)	
Town.....	FULL NAME <u>William B Coy</u>		
Or City.....			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>M</u>	Color or Race <u>White</u> Indian <u>Black</u> Chinese <u>Mexican</u>	DATE OF DEATH <u>Dec 20</u> , 19 <u>19</u> (Month) (Day) (Year)	
	SINGLE <u>MARRIED</u> WIDOWED or DIVORCED	I hereby certify that I attended deceased from <u>12-16</u> 19 <u>19</u> to <u>12-20</u> 19 <u>19</u> ; that I last saw him alive on <u>12-20</u> 19 <u>19</u> , and that death occurred on the date stated above at <u>8:00</u> A.M. The DISEASE or INJURY causing death was as follows: <u>Explanation following obstruction of colon</u> (Duration) <u>3</u> yrs. <u>4</u> mos. <u>4</u> days.	
DATE OF BIRTH <u>Oct 12</u> 19 <u> </u>	AGE <u>62</u> yrs. <u> </u> mos. <u> </u> days If less than 1 day hrs., or min.	Was disease contracted in Arizona? <u>Yes</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>State Engineer</u>	(b) General nature of industry, business, or establishment in which employed or (employer) <u> </u>	If not, where? <u> </u>	
BIRTHPLACE (State or country) <u>Ariz</u>	NAME OF FATHER <u>Richard H Coy</u>	CONTRIBUTORY <u>Carcinoma of sigmoid</u> (Duration) <u>3</u> yrs. <u> </u> mos. <u> </u> days	
BIRTHPLACE OF FATHER (State or country) <u>Prussia</u>	MAIDEN NAME OF MOTHER <u>Marion Potts</u>	(Signed) <u>Willard Smith</u> <u>12-22-1919</u> (Address) <u>Phoenix, Ariz.</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Ariz</u>	The Above is True to the Best of My Knowledge (Informant) <u>W B Coy</u> (Address) <u> </u>	*In death from violent causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
PLACE OF BURIAL OR REMOVAL <u>Greenwood</u>	DATE OF BURIAL OR REMOVAL <u>Dec 23</u> 19 <u>19</u>	LENGTH OF RESIDENCE At place of death <u>5</u> yrs. <u>2</u> mos. <u> </u> ds. In Ariz. <u>2</u> yrs. <u> </u> mos. <u> </u> ds.	
UNDERTAKER <u>Wm J. Potts</u>	ADDRESS <u> </u>	Former or Usual Residence <u>Carls</u>	
		Filed <u>1-13-20</u> <u>D. H. K. Buchanan</u> Local Registrar.	
		Filed <u>1-5-19</u> <u>H. R. Larson</u> County Registrar.	